

Health Promotion & Chronic Disease: Advancing for Chronic Disease Management and Prevention

Stephanie E Moore, HPCD Associate Director, Dec. 2014,
West Virginia Health Innovations Collaborative – Better Health Work Group Meeting



Objectives

Share the:

- ☐ **Historical perspective**
- ☐ **Division's mission, vision and approach**
- ☐ **State goals and performance measures**
- ☐ **Partnerships and Projects**

Who are we?

- ☐ A staff of 12
- ☐ One of 4 Divisions within the Office of Community and Health Systems in the Bureau for Public Health
- ☐ Funding
 - Federal: Primary
 - State:

- ☐ **6 Separate Programs**
- ☐ **Health Fairs and Education**
- ☐ **Overlapping partners and projects**
- ☐ **Long range performance measures**

Changes

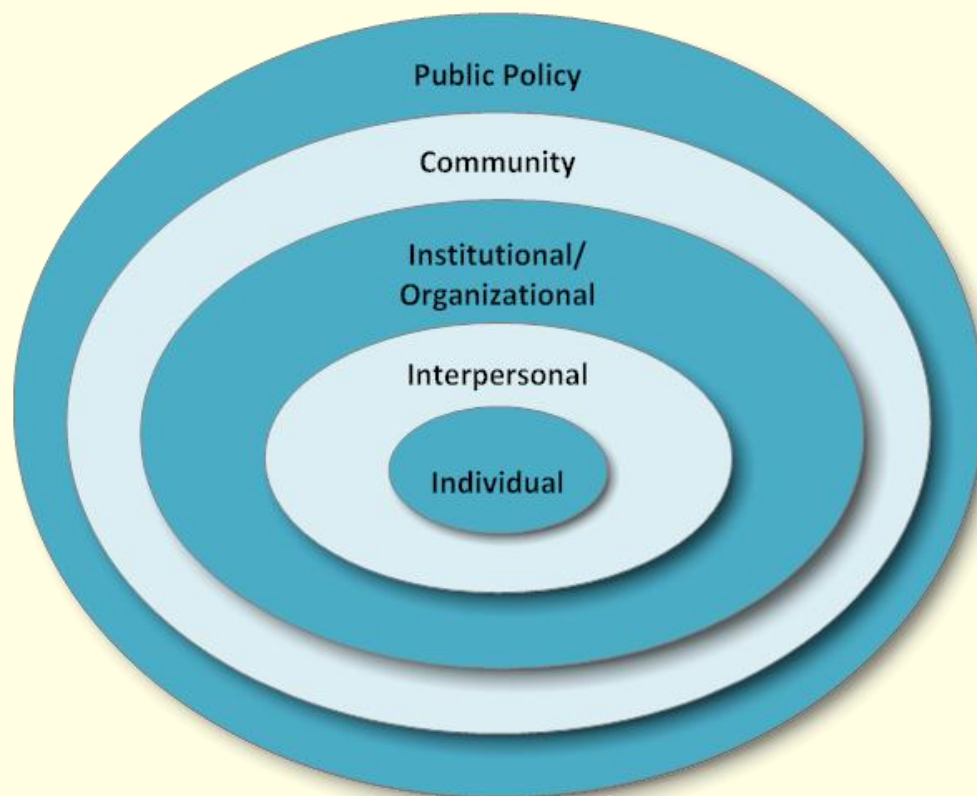
- ❑ A New Direction
- ❑ A New Approach
- ❑ A New Mission

- ☐ **Integration**
- ☐ **Project Management**
- ☐ **Alignment with CDC, BPH Strategies and Population Health**

Vision

**To ensure healthy choices where the natural choice where you
live, work, play and pray**

Socio-ecological model



Public Policy: local, state and federal government policies, regulations and laws

Community: social networks, norms, standards and practices among organizations

Institutional/Organizational: rules, policies, procedures, environment, and informal structures within an organization or system

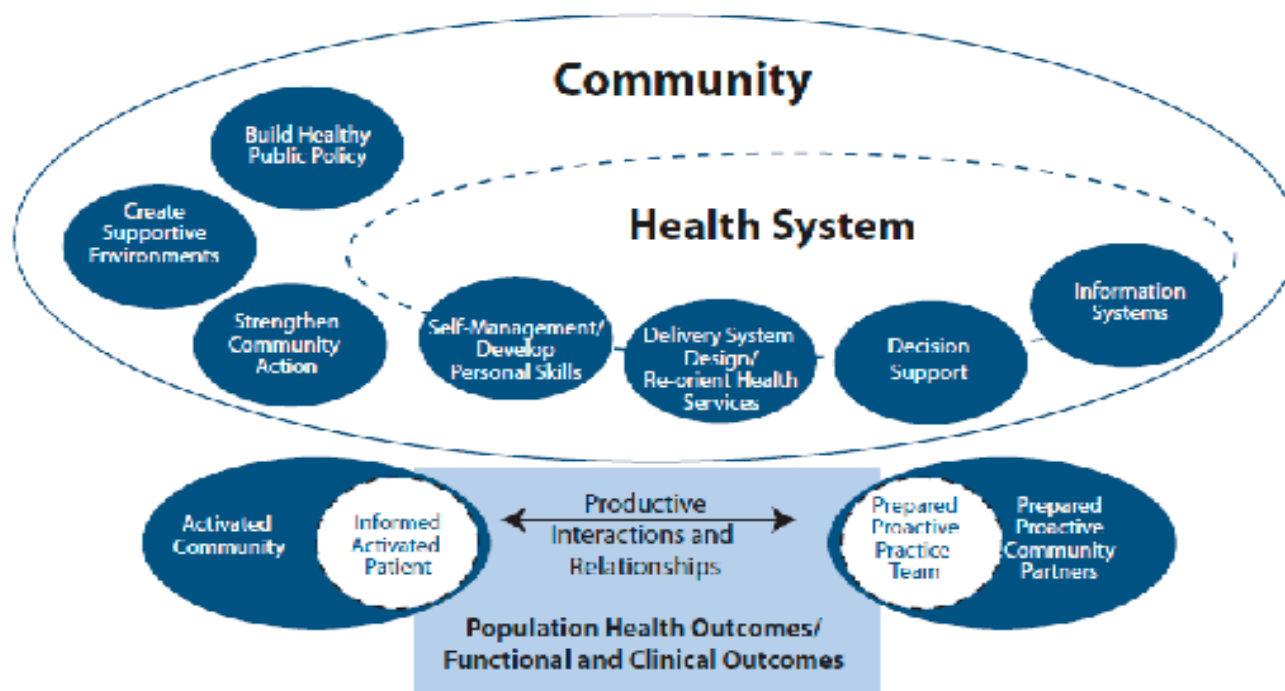
Interpersonal: family, friends, peers that provide social identity, support and identity

Individual: awareness, knowledge, attitudes, beliefs, values, preferences

Based on data from McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion program Health Education Quarterly 15:351-377, 1988

Expanded Chronic Care Model

Expanded Chronic Care Model



3 Tiered Approach

Community Mobilization: (Better Health)

- ☐ **Support and help drive community action by providing resources for implementing healthy community environments**

- ☐ **71 communities received mini grants**
- ☐ **3800 people participated in chronic disease self-management programs**
- ☐ **204 School employees were trained to improve physical activity in their classrooms**
- ☐ **40 counties trained school staff to prepare fresh, nutritious meals using less sodium**

3 Tiered Approach

Health Systems Intervention: (Better Care)

- ☐ **Support and sponsor health care provider training and technical assistance to implement quality improvements for chronic disease practice**

- ☐ **1000 senior asthma patients received self-management education**
- ☐ **Three health departments are implementing a hypertension / prediabetes screening - referral pilot**
- ☐ **Increase usage of chronic disease registries, team-based care, and hypertension, diabetes and prediabetes awareness**

3 Tiered Approach

Policy Linkage and Development: (Lower Costs)

- ☐ **Provides knowledge and technical assistance to support measures to improve or establish chronic disease prevention and management solutions across the State.**

- ☐ **Patient referrals to National Diabetes Prevention Programs (NDPP)**
- ☐ **Increase the number accredited/recognized American Diabetes Association and American Association of Diabetes Educators programs**
- ☐ **Increase referrals to Diabetes Self-Management programs**
- ☐ **Compiling a policy library**
- ☐ **Supporting Reimbursement**

- ☐ **Chronic diseases are the leading cause of death in both West Virginia and the nation**
- ☐ **In 2010, 8 of the top 10 causes of death were chronic diseases**
- ☐ **In 2013, 74.4% of West Virginia adults have at least one chronic disease, or about 1,071,939 West Virginia adults**

***Data Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System**

- ☐ **How many people know someone who eats five fruits and vegetables daily?**
- ☐ **In 2011, 91.7% of adults did not eat their daily five (9 out of every 10 persons).**

- ☐ **How many people know someone who is physically active?**
- ☐ **In 2011, one third of adults did not participate in any physical activity or exercise.**

State Goals

- ☐ Over one million adults consume fewer than five servings of fruits and vegetables daily;
- ☐ Over 500,000 adults suffer from hypertension;
- ☐ Close to a half million adults do not exercise;
- ☐ Roughly 480,000 adults have arthritis;
- ☐ Over 400,000 adults are obese

State Goal #1:

☐ **Decrease obesity**

-Reduce obesity among adults from 32% (2009 BRFSS) to 28% by 2020.

☐ **Update:**

- 32.4 % (2011 BRFSS)**
- 33.8% (2012 BRFSS)***
- 35.1 % (2013 BRFSS)***

State Goal #2:

❑ Improve key chronic disease indicators

- Improve key chronic disease health indicators among adults:
 - Hypertension from 38% (2009 BRFSS) to 33%
 - Cholesterol from 39% (2009 BRFSS) to 23%
 - Overweight 35.8% (2009 BRFSS) to 30% by 2020

❑ Update:

- Hypertension - 37% (2011 BRFSS)
- Cholesterol – 40.5% (2011 BRFSS)
- Overweight -34.5 % (2011 BRFSS)

State Goal # 3:

- ☐ **Reduce emergency room visits for management of chronic disease**

- ☐ **Update:**
 - Challenges establishing a baseline – working with the Health Care Authority**

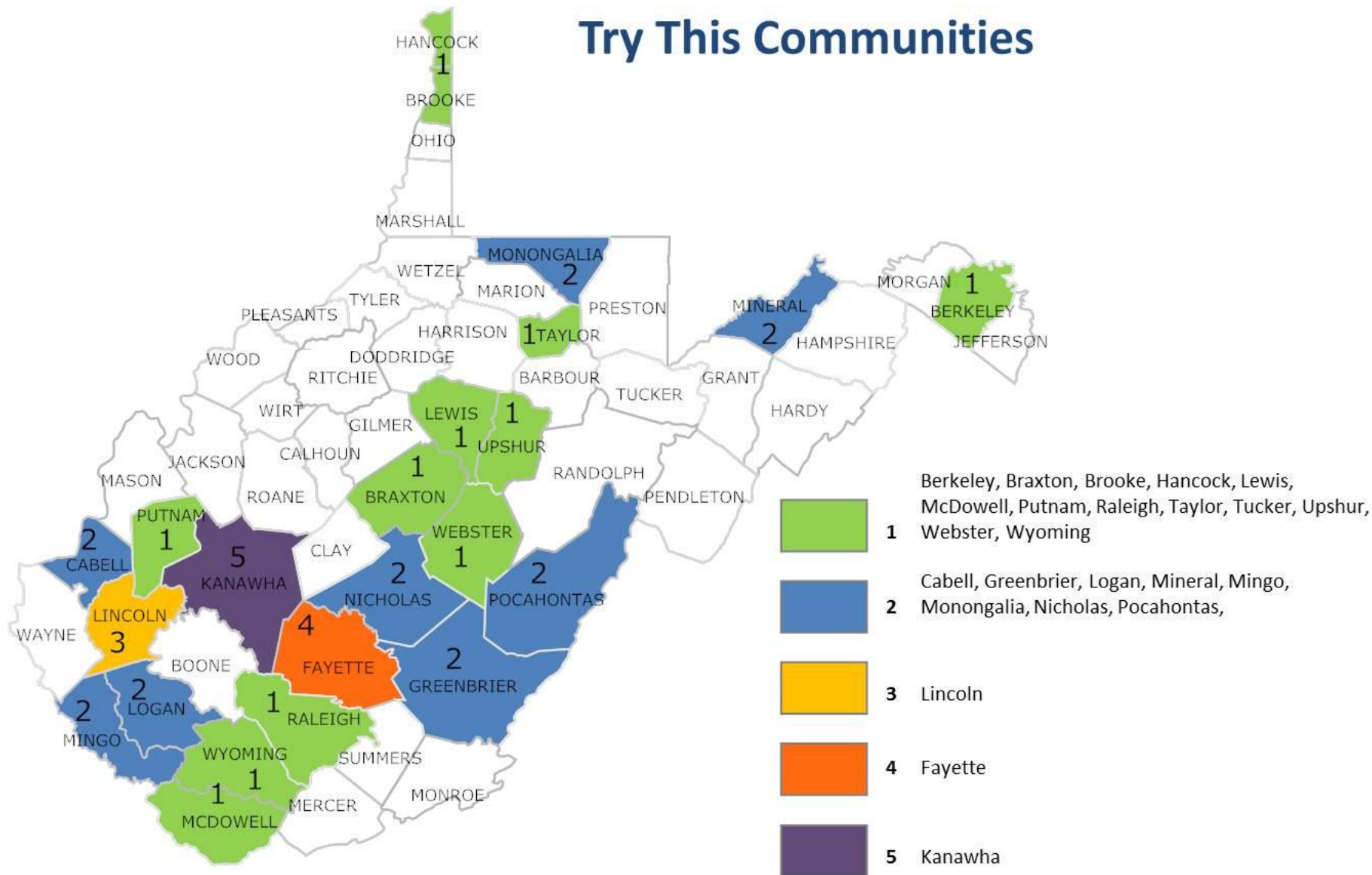
Through partnerships, interventions and projects take place in communities around West Virginia

The role of the Division is to work cooperatively with its partners on:

- ☐ **Policy, environmental, and systems change;**
- ☐ **Data collection and surveillance;**
- ☐ **Evidence-based best practices and research;**
- ☐ **Public health expertise;**
- ☐ **Providing support and training through technical assistance.**

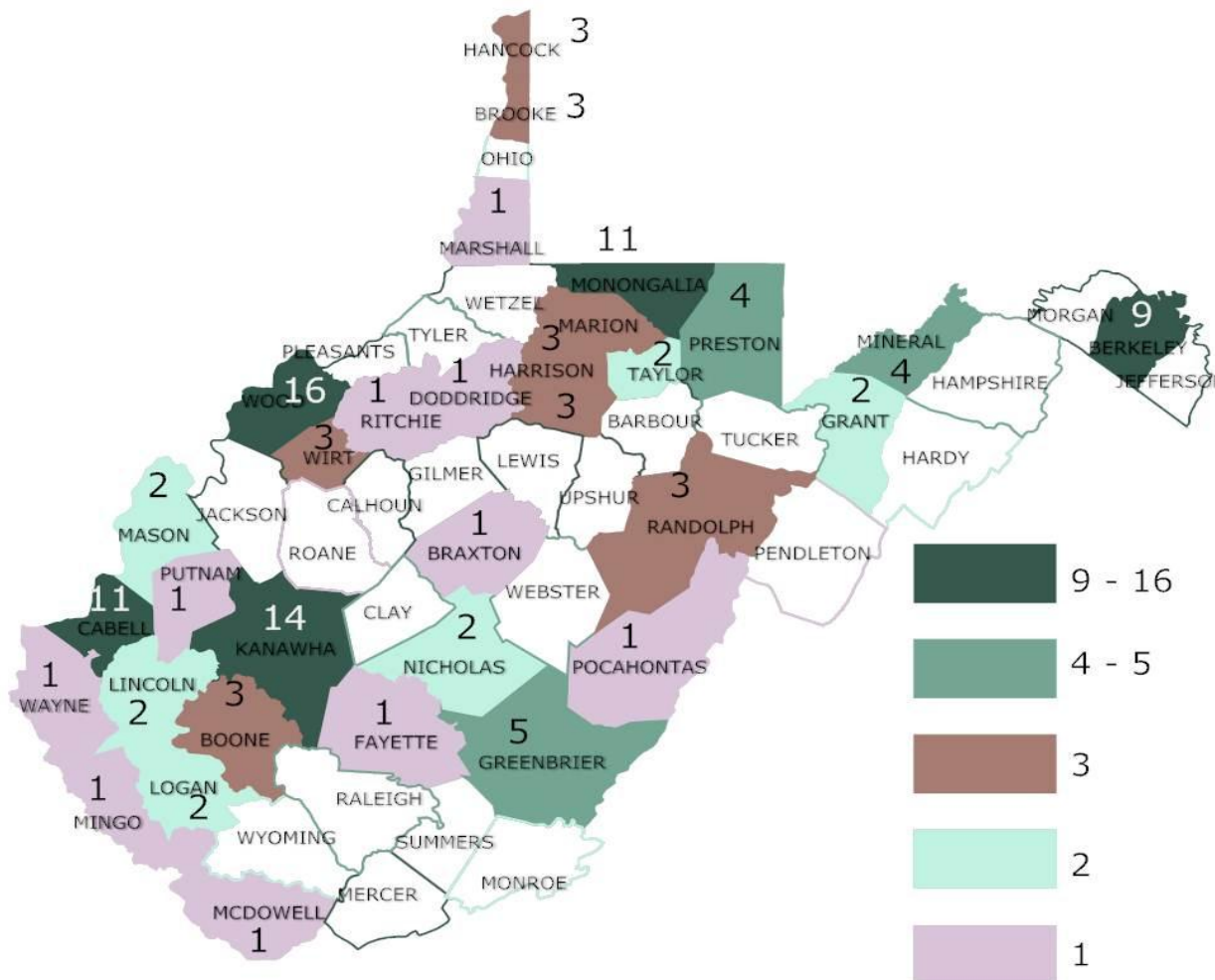
Example

Try This Communities



Example

NDPP Coaches



- 16 Wood
- 14 Kanawha
- 11 Cabell, Monongalia
- 9 Berkeley
- 5 Greenbrier
- 4 Mineral, Preston
- 3 Boone, Brooke, Hancock, Harrison, Marion, Randolph, Wirt
- 2 Grant, Lincoln, Logan, Mason, Nicholas, Taylor
- 1 Braxton, Doddridge, Fayette, Marshall, McDowell, Mingo, Pocahontas, Putnam, Ritchie, Wayne

☐ Dining with Diabetes

Participants increase self efficacy, confidence and builds skills to make needed lifestyle changes and healthier food choices

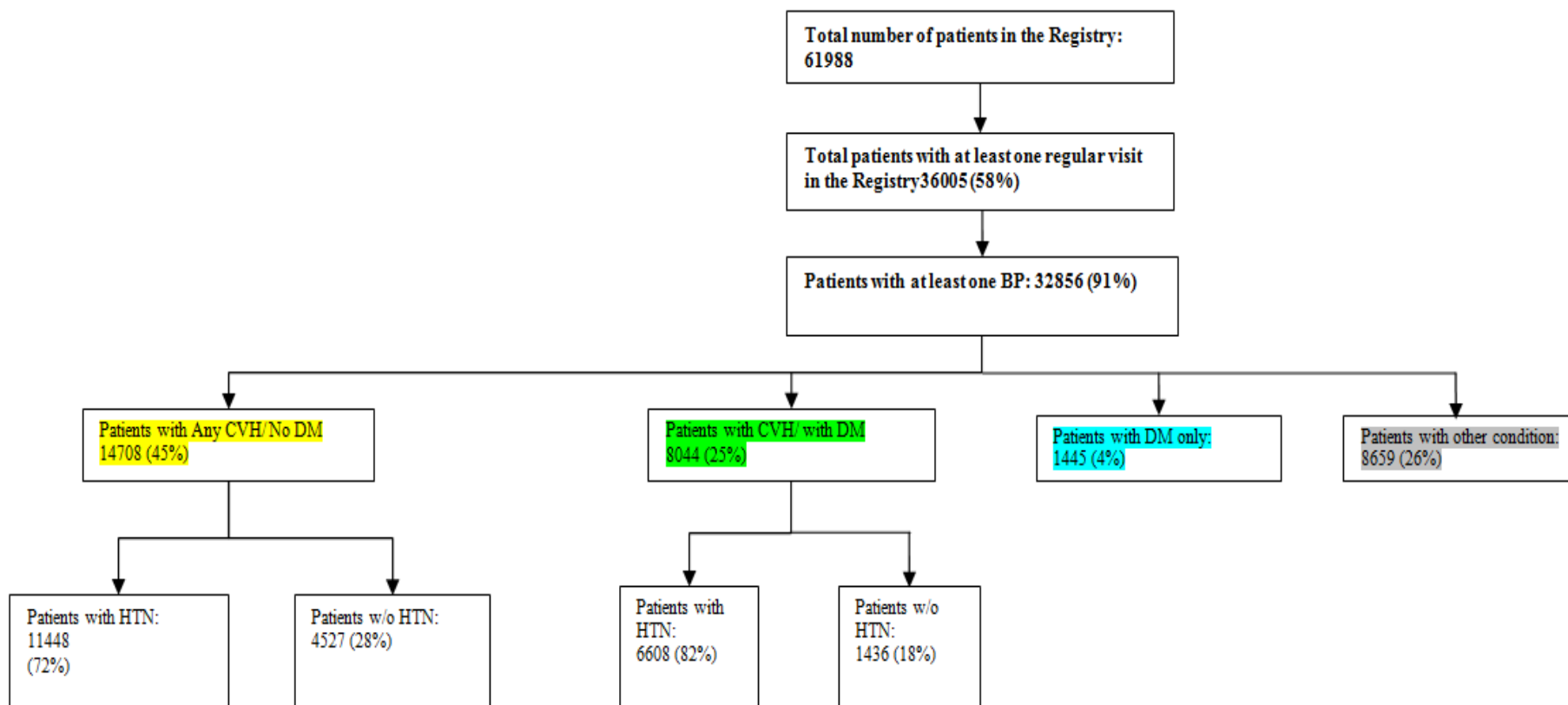
☐ EMS Data Tracking System

100% of all transporting agencies participate in this online reporting system

Past Partnerships and Projects

Hypertension Decision Support Analysis (7/1/2011 to 6/30/2012)

Total Patients in the Registry, Overall and by Health Condition (7/1/2011 to 6/30/2012)



DIABETES QI PROJECT

SUMMARY OF RESULTS

A1C

- ☐ 73.3% of clinics (11/15) indicated an increase in the number of patients receiving two or more A1C tests.
- ☐ 80% of clinics (12/15) displayed a reduction in mean A1C values. The overall mean A1C value for Year 1 clinics was 7.9, in Year 3 it was 7.61.

BLOOD PRESSURE

- ☐ In six of the clinics (37.5%), the percentage of patients receiving blood pressure assessments increased.
- ☐ Half of the clinics (8/16) experienced an increase in the percentage of patients with blood pressure readings below 130/80.

DIABETES QI PROJECT SUMMARY OF RESULTS CONTINUED

CHOLESTEROL

- ☐ 53.3% of clinics (8/15) exhibited an increase in the percentage of patients receiving LDL assessments.
- ☐ Over fifty percent of clinics (8/15) presented with increases in mean male HDL levels; Year 1 mean male HDL was 38.2, Year 3 was 39.1.

BMI

- ☐ More than 60% of the clinics (10/16) displayed increases in the percentage of patients receiving BMI assessments.
- ☐ Half of the clinics (8/16) indicated reductions in mean BMIs. In Year 1, the BMI average for all clinics was 35.4; in Year 3 it was 35.3.

Communities Putting Prevention to Work (CPPW)

Obesity Prevention Project

March 2010-March 2012

- ☐ **110 health-related policies were passed**
- ☐ **8 healthy check out isles**
- ☐ **34 convenience stores carrying F/V**
- ☐ **9 farmers markets**
- ☐ **Significant decrease in BMI**
- ☐ **Students in the 'healthy fitness zone' increased**
- ☐ **Healthy food options at concession stands**
- ☐ **WIC reported an increase in F/V consumption**

☐ Tobacco Quit line

Callers who have a chronic disease are given specialized educational materials and coaching tailored to their individual needs.

☐ “Survivors Teaching Students Program”

68 Marshall medical students have participated in the program and have indicated that the program is a valuable part of their educational experience.

☐ Green Thumbs, Healthy Joints

20 gardens have been established that serve approximately 1,000 persons (current)

- ☐ Mini grants for policy & environmental changes (Cancer Coalition/WVU CED/Try This/Main Street)

- ☐ School wellness initiatives and chronic disease management (DOE Regional Wellness Network and Community-School models that incorporate care for children w/ chronic disease)

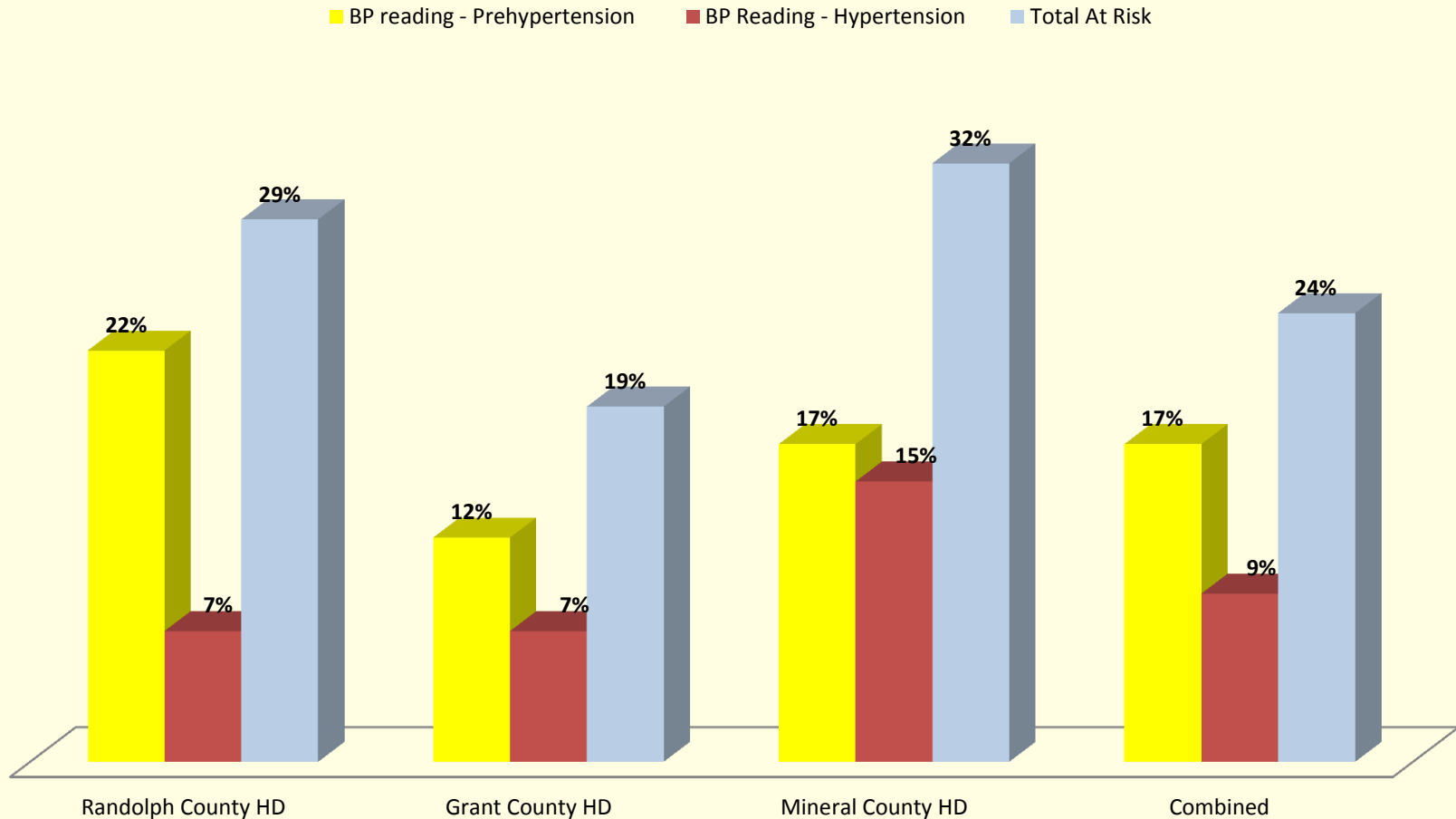
- ☐ Worksite policies, nutrition guidelines and referrals for NDPP (Wellness Council of WV)

Diabetes Camp of West Virginia Inc., known as Camp Kno-Koma,

- ☐ **Began in 1950**
- ☐ **Summer camping experience for children with diabetes in and around the state of West Virginia**
- ☐ **Provides opportunity to learn how to self-manage their disease**

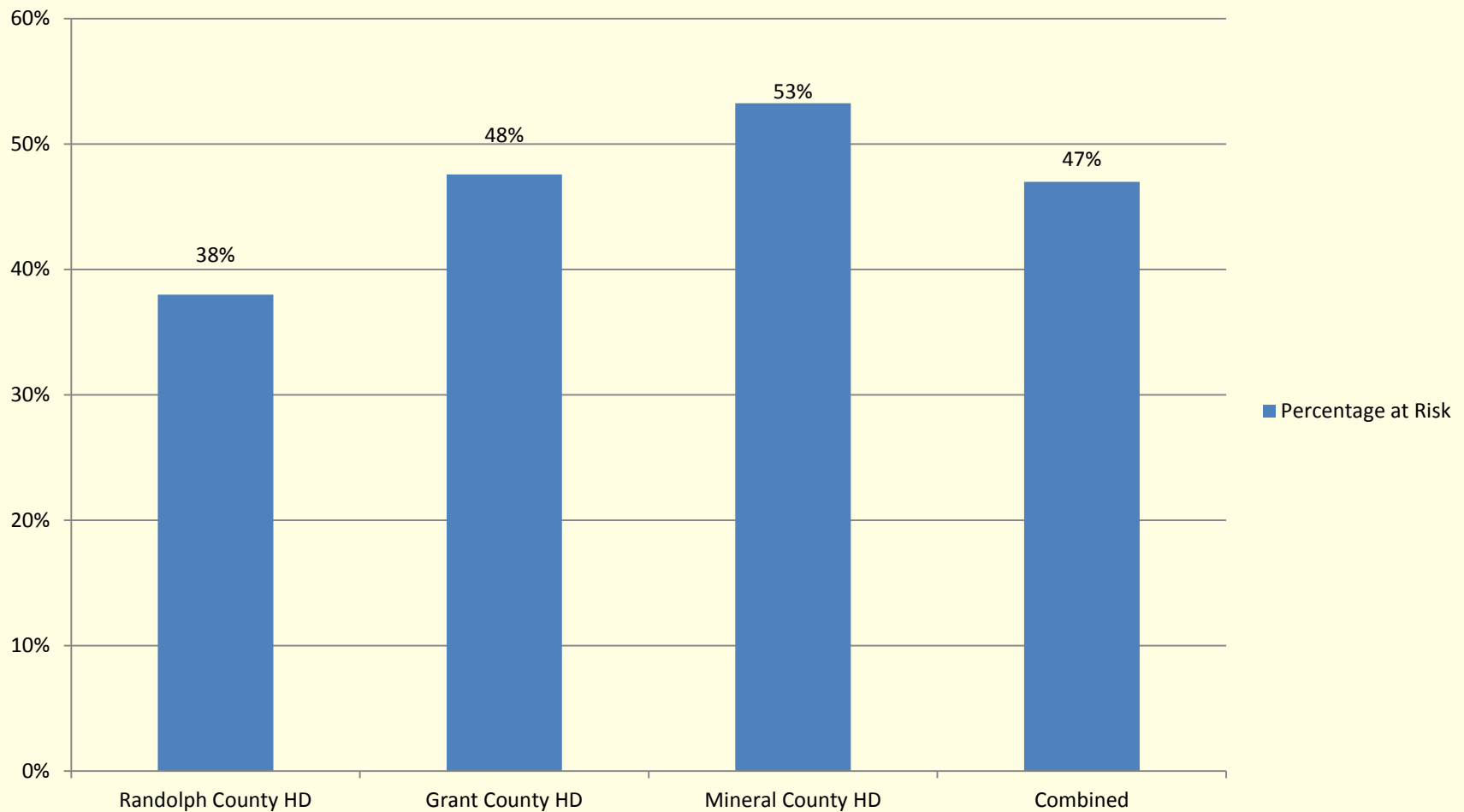
Partnerships and Projects

WV Health Department Pilot Outcomes - Blood Pressure Readings in Person Not Previously Diagnosed with High Blood Pressure - 2014



Partnerships and Projects

Percentage of Persons by County and Combined who scored > 9 on the CDC Prediabetes Risk Assessment - 2014



- ☐ **The reversal of the current trends in chronic disease morbidity and mortality must be a primary goal**
- ☐ **Chronic disease prevention must be the focus of any strategy to improve the health of our citizens and reduce health care spending in our state**

- ☐ **Improve State policies to ensure that all Mountain State residents, regardless of income, education, and employment status, will have access to environments supporting healthy choices**
- ☐ **Working with health care providers to ensure quality initiatives to link community resources**
- ☐ **Change the context of the choices people make where they live, work, play, and pray to make health the “easier” choice**

THANK YOU

Stephanie E. Moore, RN

Associate Director

Stephanie.e.moore@wv.gov

(304) 356-4224

Division of Health Promotion and Chronic Disease

Office of Community Health Systems and Health Promotion

Bureau for Public Health

Department of Health and Human Resources